

**DEPARTMENT OF HEALTH - ENVIRONMENTAL HEALTH ADMINISTRATION**  
BUILDING PERMIT APPLICATION SUPPLEMENTAL FORM - ENVIRONMENTAL QUESTIONNAIRE

PROJECT ADDRESS: \_\_\_\_\_ LOT \_\_\_\_\_ SQUARE \_\_\_\_\_

Note: please answer all 9 questions in this questionnaire, by checking either column "Yes" or "No" for each question. If you answer "Yes" to any of the questions, you should contact the corresponding office(s) indicated in column 'contact person/office', as soon as possible. Until this application is reviewed and approved by the concerned office(s), the permit will not be issued.

SCOPE OF PROJECT	YES	NO	CONTACT PERSON/OFFICE	OFFICE USE
1. Does the total cost of the project exceed \$1 million? This does not apply if project is for internal (tenant space) renovation only <u>and</u> there will be no change in the use of the building.			(202) 645-6617, EIS Coordinator, EHA	
2. Will the work to be performed involve the installation, removal, abandonment, or repair of an underground storage tank (UST) system?			(202) 645-6080, Underground Storage Tank Division, EHA	
3. Will the work to be performed involve the assessment Or clean-up of soils associated with the release of materials from an underground storage tank (UST)?			(202) 645-6080, Underground Storage Tank Division, EHA ----- (202) 645-6093, Air Quality Division, EHA	-----
4. Will the work to be performed involve the assessment or clean-up of groundwater associated with the release of materials from an underground storage tank (UST)?			(202) 645-6080, Underground Storage Tank Division, EHA ----- (202) 645-6093, Air Quality Division, EHA ----- (202) 645-6601, Water Quality Division, EHA	----- ----- -----
5. Will the proposed project involve the installation or drilling of wells other than for the purposes stated in questions 3 and 4?			(202) 645-6601, Water Quality Division, EHA ----- (202) 645-6093, Air Quality Division, EHA	-----
6. Will the proposed project involve the generation, treatment, storage, disposal or transportation of chemicals or other substances which may be considered hazardous?			(202) 645-6080, Hazardous Waste Division, EHA	
7. Will the proposed project involve construction which will disturb the sediment in rivers, streams or wetlands?			(202) 645-6601, Water Quality Division, EHA	
8. Will the proposed use involve the construction of a facility for the handling, transfer, storage, disposal or treatment of solid waste, medical waste, or recyclable materials?			(202) 645-6617, EIS Coordinator, EHA	
9. Will the proposed project result in the discharge into the air of gases, dust, or the creation of any objectionable odors?			(202) 645-6093, Air Quality Division, EHA	

**AFFIDAVIT**

I hereby certify that I have the authority of the owner of the property to make this application. I declare that the answers to the above questions in this Questionnaire are complete and correct to the best of my knowledge.

Signature \_\_\_\_\_ Name (print) \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

OFFICE USE ONLY
EHA APPROVAL BY _____ NAME (Print) _____
CONTACT NUMBER : (202) _____ DATE: _____
COMMENTS AND PERMIT RESTRICTIONS: _____

(USE REVERSE IF NECESSARY)